

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214542485				
1.) CORPORATION NAME: PLANNED ADMINISTRATORS, INC. <div style="float: right;">DUE DATE: 10/31/2014</div>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA <div style="float: right;">SCC ID NO: F1566902</div>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED					
COMMON	100,000					
4.) STATE OR COUNTRY OF INCORPORATION: SC						
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 17 TECHNOLOGY CIRCLE SUITE E2AG CITY/ST/ZIP: COLUMBIA, SC 29203 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: DAVID J HUNTINGTON TITLE: PRES/COO ADDRESS: 17 TECHNOLOGY CIRCLE MAILCODE AG-970 CITY/ST/ZIP/CO: COLUMBIA, SC 29203	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: GREGORY S. DAWKINS TITLE: ASSISTANT VP ADDRESS: 17 TECHNOLOGY CIRCLE SUITE E2AG CITY/ST/ZIP/CO: COLUMBIA, SC 29203	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: PETER E. RESCIGNO, JR. TITLE: ASSISTANT VP ADDRESS: 17 TECHNOLOGY CIRCLE SUITE E2AG CITY/ST/ZIP/CO: COLUMBIA, SC 29203	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: GEORGE M. STILES, III TITLE: ASSISTANT VP ADDRESS: 17 TECHNOLOGY CIR. MAILCODE AG-970 CITY/ST/ZIP/CO: COLUMBIA, SC 29203	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: DAVID A. COTE TITLE: ASST. TREASURER ADDRESS: 4101 PERCIVAL ROAD CITY/ST/ZIP/CO: COLUMBIA, SC 29223	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: MICHAEL J. MIZEUR TITLE: TREASURER ADDRESS: I-20 AT ALPINE ROAD CITY/ST/ZIP/CO: COLUMBIA, SC 29219	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				

NAME:	JAMIE I. EARLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	I-20 AT ALPINE ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29219		
NAME:	BRUCE E. HONEYCUTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AUDIT & COMPLIA		
ADDRESS:	4101 PERCIVAL ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29223		
NAME:	DUNCAN S MCINTOSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	I-20 AT ALPINE RD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29219		
NAME:	BARBARA B. WINDHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	17 TECHNOLOGY CIR.		
CITY/ST/ZIP/CO:	MAILCODE AG-970 COLUMBIA, SC 29203		
NAME:	DAVID S PANKAU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	I 20 EAST AT ALPINE RD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29219		
NAME:	JUDITH M. DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	I-20 AT ALPINE ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29219		
NAME:	JAMES A. DEYLING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	I-20 AT ALPINE ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29219		
NAME:	LORI C. HAIR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4101 PERCIVAL ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29229		
NAME:	TRESCOTT N. HINTON, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7909 PARKLANE ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29223		
NAME:	DALE L. RISH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	I-20 AT ALPINE ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29219		
NAME:	JOSEPH F. SULLIVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	I-20 AT ALPINE ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29219		

NAME:	STEPHEN K. WIGGINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	I-20 AT ALPINE ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29219		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BARBARA B. WINDHAM	BARBARA B. WINDHAM, CFO	9/10/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			